

215047876
70371

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 180	Agency Case No. B5-107699	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT 1909	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1910	11/18/2015		
B	45	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Pioneers Blvd / S 63rd St - Ridgeview Dr			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	2	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY					IF NOT AT INTERSECTION <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	14	413.00					E curb of S 63rd St
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b 05 2 1 5 02	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
F	1	VEHICLE NO. 1					
V1/N	1	DRIVER LICENSE NO. H13174773	STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	LOCAL NO.		
V2/N	1	DRIVER ERIC S VERHAR	PHONE 7859171922	DATE OF BIRTH (MM / DD / YYYY) 06/12/1978			
G	4	OWNER ANNE E BRUCE	PHONE 4024897788	LOCAL NO. 10-31-41			
H	5	OWNER ADDRESS 4150 S 88th St, Lincoln, NE 68520	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB493766		
V1/O	2	LICENSE PLATE PA NO. RYF991	YEAR (Plate Expires) 2016	STATE (Of Plate) NE	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500		
V2/O	2	VEHICLE 2010	MAKE Volvo	MODEL V50	BODY STYLE Station wagon	COLOR black	
I	1	VEHICLE ID NO. (VIN) YV1382MW3A2574978	INSURANCE COMPANY State Farm				
J	01	TOWED TO	TOWED BY	POLICY NO. 113 6368-B26-27P			
K	01	VEHICLE NO. 2					
V1/P	1	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	LOCAL NO.		
V2/P	1	DRIVER Unoccupied Parked	PHONE	DATE OF BIRTH (MM / DD / YYYY)			
J	01	OWNER PAMELA K FIELDER	PHONE 4028030151	LOCAL NO.			
V1/Q	4	OWNER ADDRESS 7040 S 22ND ST #403, LINCOLN, NE 68512	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.		
V2/Q	4	LICENSE PLATE PA NO. TMN976	YEAR (Plate Expires) 2016	STATE (Of Plate) NE	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000		
K	01	VEHICLE 2001	MAKE Chrysler	MODEL Concord	BODY STYLE 4 door Sedan	COLOR beige	
L	01	VEHICLE ID NO. (VIN) 2C3HD36J91H603362	INSURANCE COMPANY Progressive				
M	01	TOWED TO	TOWED BY	POLICY NO. 907350558			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
0	Dejah S Gordon	6601 Pioneers Blvd, Lincoln, NE 68506	01/24/2002	18		10	
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	4 Injury Sev.	5 Trans.	SEX M F	
				6			
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME				
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

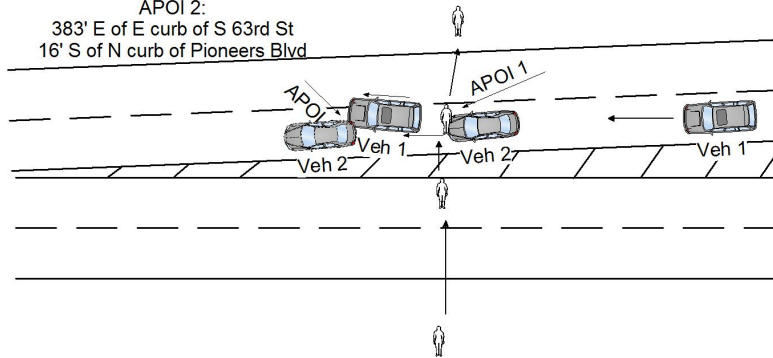
AGENCY CASE NO.
B5-107699



Indicate
North
by Arrow

APOI 1:
413' E of E curb of S 63rd St
18' S of N Curb of Pioneers Blvd

APOI 2:
383' E of E curb of S 63rd St
16' S of N curb of Pioneers Blvd



6601 Pioneers Blvd

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 was traveling WB on Pioneers Blvd in the inside lane when a young female ran NB across the street in front of V2. V2 collided with this pedestrian who then made her way to the side of the street. After the collision with the pedestrian, D2 exited her car to check the pedestrian's welfare and V2 was then rear ended by V1. D1 said he did not see V2 in time and swerved to the right in an attempt to avoid a collision although was unsuccessful.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Courtney A Kossow	ADDRESS 1544 Holdrege St, Pleasant Dale, NE 68423	PHONE 4024502893		
	NAME	ADDRESS	PHONE		
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X Pioneers Blvd			4	2
2	X Pioneers Blvd			4	2
1	01	06 Turning left	POINT OF IMPACT	08	POINT OF IMPACT
2	11	08 Entering traffic lane	MOST DAMAGED AREA	08	MOST DAMAGED AREA
		09 Leaving traffic lane	POINT OF IMPACT	04	POINT OF IMPACT
		10 Undercarriage	MOST DAMAGED AREA	04	MOST DAMAGED AREA
		11 Total (all areas)			
		12 Other			
OFFICER NO. 1610		TROOP/TEAM/BEAT 7	DEPARTMENT Lincoln Police Department		
INVESTIGATOR NAME (Print or Type) Trevor Schmidt		INVESTIGATOR SIGNATURE Approved by Officer Trevor Schmidt			DATE OF REPORT 11/18/2015
		ALCOHOL/DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
		PHOTOGRAPHS taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			